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CONFIRMATION NO. 9056

<b>SERIAL NUMBER</b> 10/734,638	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 029488-0113	
<b>APPLICANTS</b> Philippe Rouanet, Montpellier, FRANCE; Dominique Salin Drouin, Verriere Le Biosson, FRANCE; Jacques Wepierre, Grisy Suisnes, FRANCE;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/458,963 04/01/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/19/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22428					
<b>TITLE</b> PERCUTANEOUS COMPOSITION COMPRISING 4-HYDROXY TAMOXIFEN					
<b>FILING FEE RECEIVED</b> 1244	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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